



# COUNTY OF SAN DIEGO

## DEPARTMENT OF PLANNING AND LAND USE: Zoning

### GENERAL PLAN AMENDMENT INITIAL CONSULTATION

### MEETING REQUEST FORM

General Plan Amendment Initial Consultation meetings (IC's) are optional but highly recommended for any privately initiated General Plan Amendment. This IC is not to review or submit an application package for a General Plan Amendment. Please contact the Zoning Information Counter (888-267-8770) for assistance in completing a discretionary permit application, and to schedule a submittal appointment please call (858-694-2262).

General Plan Amendment IC's are intended to identify potential issues which may pose challenges to the approval of a General Plan Amendment.

**GENERAL PLAN AMENDMENT INITIAL CONSULTATION MEETINGS DO NOT SATISFY THE MANDATORY MAJOR PRE-APPLICATION MEETING REQUIREMENTS.**

Requestor's Name: \_\_\_\_\_ Requestor's Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Requestor's Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Property Assessor Parcel Number(s): \_\_\_\_\_ Acres: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

Are you an Attorney or are you bringing an Attorney to the Initial Consultation Meeting? ☐ Yes ☐ No

Are you an Attorney or are you bringing an Attorney and will legal issues be discussed? ☐ Yes ☐ No

#### **PAYMENT FOR INITIAL CONSULTATION**

Payment of a \$4,230 fixed fee is required. Applicants proposing simpler General Plan Amendments have the option of paying the standard IC meeting deposit available to other project types in lieu of the fixed fee. If an applicant opts to pay the initial deposit rather than the fixed fee, all charges are due and payable at the conclusion of the IC meeting. Follow-on assignments will be charged on a time and materials basis and due prior to issuing letters or at the conclusion of subsequent meetings. Checks are made payable to the "County of San Diego." Two party checks are not acceptable. Visa and MasterCard are also accepted.

Be aware that DPLU Policy requires that a Deputy County Counsel attend meetings where an outside attorney is present. Deputy County Counsel will charge at the hourly rate of \$210 per hour if the applicant opts to pay a deposit in lieu of a fixed fee. If you check the "Yes" box, above, change your mind and fail to notify DPLU that you will not bring an attorney, County Counsel charges for preparation and travel (generally 1-2 hours) will still be applied.

#### **MEETING PURPOSE/PROJECT DESCRIPTION**

Explain the purpose of your General Plan Amendment Initial Consultation meeting request with a written description of your proposed General Plan Amendment, including a conceptual plot plan or map that identifies the general location of the proposed land uses, densities, and access points (include how water and sewer will be obtained) and list specific questions that you would like answered. Please attach an exhibit or plot plan showing the existing and proposed zoning and General Plan designations and any additional information if necessary. If studies are available they may also be submitted to assist staff with their review. **NOTE: PLEASE PROVIDE AS MANY DETAILS REGARDING THE PROJECT AND SITE AS POSSIBLE AS THIS WILL ALLOW FOR STAFF TO PROVIDE MORE DETAILED AND CONSTRUCTIVE FEEDBACK.**



ZC033-IC-GPA (02/12)

**PLEASE PROVIDE AT LEAST FIVE (5) COPIES OF ANY ATTACHMENTS.**

**MEETING REQUEST SUBMITTAL**

Please return this form and attachments, if any, to the Zoning Counter at 5201 Ruffin Road Suite B, San Diego, California 92123-1666 or via e-mail to: [Lisa.Robles1@sdcounty.ca.gov](mailto:Lisa.Robles1@sdcounty.ca.gov)

**General Plan Amendment Initial Consultation Meetings generally take place within 30 days from receipt of this form.** The lead planner to whom the IC is assigned will contact the IC requestor generally within 10 working days of receipt of this form to schedule the meeting.

**FINANCIALLY RESPONSIBLE PARTY**

I, the undersigned, as financially responsible person for the IC meeting, understand that I must pay the required fee or deposit to "COUNTY OF SAN DIEGO" for the General Plan Amendment Initial Consultation meeting when my request is submitted. I understand that if I arrive for a meeting without payment of any required deposits, the meeting will be rescheduled. (An initial fee or deposit will be collected at the beginning of the project for initial review. However, if a deposit is collected the total cost of the General Plan Amendment Initial Consultation meeting will be based on staff time required to process the application. "Staff time" includes, but is not limited to, time spent reviewing application materials, studies, responding by phone or correspondence to inquiries from applicant, neighbors, representatives, interested parties, attendance and participation at meetings and public hearings, and preparation of staff reports, and any appeals, and any other correspondence. If the actual costs exceed the initial deposit, then an additional deposit must be paid by the financially responsible person to cover the cost difference. At the end of the project, any remaining funds will be returned to the Financially Responsible Party.)

Name (if different from Requestor): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (**Required**)

**FOR STAFF USE ONLY**

KIVA Pre-App #: \_\_\_\_\_ Student Intern: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Planning Manager: \_\_\_\_\_

**LIST THE ASSESSOR’S PARCEL NUMBERS FOR ALL PROPERTY INCLUDED IN THIS APPLICATION.** (Please use a separate sheet if necessary)  
 An incomplete listing may invalidate the General Plan Amendment Initial Consultation application.

Total Acreage: \_\_\_\_\_

Tax Rate Area:\_\_\_\_\_

Thomas Bros. Page & Coordinate: \_\_\_\_\_

Supervisor’s District: \_\_\_\_\_

Community or Subregional Plan: \_\_\_\_\_

**ZONING RECLASSIFICATION INFORMATION:** Complete the zoning boxes below. Information for completing this form is available from the Zoning Information Counter, Department of Planning and Land Use, (858) 565-5981. Please duplicate this form if you need to fill out more than one zoning reclassification item.

EXISTING

General Plan Regional Category:

\_\_\_\_\_

General Plan Land Use Designation:

\_\_\_\_\_

PROPOSED

General Plan Regional Category:

\_\_\_\_\_

General Plan Land Use Designation:

\_\_\_\_\_

Existing Zoning

|                          |                    |  |
|--------------------------|--------------------|--|
| USE REGULATIONS          |                    |  |
| ANIMAL REGULATIONS       |                    |  |
|                          | Density            |  |
|                          | Lot Size           |  |
|                          | Building Type      |  |
|                          | Maximum Floor Area |  |
|                          | Floor Area Ratio   |  |
|                          | Height             |  |
|                          | Lot Coverage       |  |
|                          | Setback            |  |
|                          | Open Space         |  |
| SPECIAL AREA REGULATIONS |                    |  |

Proposed Zoning

|                          |                    |  |
|--------------------------|--------------------|--|
| USE REGULATIONS          |                    |  |
| ANIMAL REGULATIONS       |                    |  |
|                          | Density            |  |
|                          | Lot Size           |  |
|                          | Building Type      |  |
|                          | Maximum Floor Area |  |
|                          | Floor Area Ratio   |  |
|                          | Height             |  |
|                          | Lot Coverage       |  |
|                          | Setback            |  |
|                          | Open Space         |  |
| SPECIAL AREA REGULATIONS |                    |  |